

**RADIOACTIVE MATERIAL LICENSE APPLICATION**  
**Use of Sealed Sources in Radiography\***

INSTRUCTIONS: 1. Where the space provided is insufficient, attach supplement sheets referencing the part being expanded. 2. Submit all material **in duplicate** to the Radiologic Health Branch at the address given above. 3. See APPLICANT'S GUIDE—INDUSTRIAL RADIOGRAPHY for additional information.

1. a. Name of Applicant \_\_\_\_\_
- b. Mailing Address Street Address \_\_\_\_\_
- City and State \_\_\_\_\_ ZIP \_\_\_\_\_
- c. Telephone Number Area Code \_\_\_\_\_ Number \_\_\_\_\_ Extension \_\_\_\_\_
2. a. Type of Organization ☐ Individual ☐ Partnership ☐ Corporation  
☐ Unincorporated Association ☐ Other
- b. List all addresses at which sealed sources will be used and/or stored.
- Sealed sources will be used at temporary job sites in California ☐ Yes ☐ No
- Street address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_
- Street address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_
- Street address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_
- c. This application is for:
- ☐ A new radioactive material license
- ☐ Renewal of radioactive material license number \_\_\_\_\_
- ☐ Amendment to radioactive material license number \_\_\_\_\_
3. *Radiation Safety Officer and Individual User*  
List Radiation Safety Officer below. Attach form RH 2050 RA. Statement of Training and Experience for the Radiation Safety Officer and each radiographer.

4. *SEALED SOURCES TO BE USED IN RADIOGRAPHY*

BY PRODUCT MATERIAL (Element & Mass. No.)	SOURCE MODEL NUMBER	NAME OF MANUFACTURER	MAXIMUM ACTIVITY PER SOURCE	NUMBER OF SOURCES
A.	A.	A.	A.	A.
B.	B.	B.	B.	B.
C.	C.	C.	C.	C.

5. *RADIOGRAPHIC EXPOSURE DEVICES AND/OR STORAGE CONTAINERS TO BE USED WITH SOURCES LISTED ABOVE For use At/In*

MODEL NUMBER	NAME OF MANUFACTURER (If custom made, attach complete design and specification)	Temporary Sites	Fixed Facility
A.	A.		
B.	B.		
C.	C.		

**\*NOTE: ITEMS ITALICIZED DENOTE MATERIAL (ATTACHED SUPPLEMENTAL SHEETS INCLUDED) WHICH WILL BE MADE CONDITIONS OF ANY LICENSE ISSUED SUBSEQUENT TO THIS APPLICATION. LICENSE CONDITIONS ARE BINDING AND MAY NOT BE MODIFIED EXCEPT BY LICENSE AMENDMENT.**

6. THE FOLLOWING INFORMATION IS ATTACHED AS A PART OF THIS APPLICATION: (Check appropriate boxes and attach information called for in the instructions with this form)			
	Not Applicable	Attached	If previously submitted, supply the date and attach readable copy
(a) Description of radiographic facilities (Instruction 6-a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> on _____
(b) Description of radiation detection instruments to be used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> on _____
(c) Instrument calibration procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> on _____
(d) Personnel monitoring equipment. Specify badge change frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> on _____
(e) Operating and emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> on _____
(f) Training program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> on _____
(g) Internal inspection system or other management control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> on _____
(h) Overall organization structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> on _____
(i) Leak testing procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> on _____
(Date)			

**7. LEGAL STRUCTURE OF APPLICANT**  
 If applicant is a corporation, complete items a through c; if applicant is a partnership, complete items d through f; if applicant is an unincorporated association or a legal entity other than a partnership or corporation, complete items g and h. Attach separate sheets where space provided proves inadequate.

(a) Is applicant corporation directly or indirectly controlled by another corporation or other legal entity: ☐ Yes ☐ No  
 If answer is "YES" give name and address of other corporation or other legal entity and describe how such control exists and the extent thereof.

(b) (1) Identify by name and address any individual, corporation, or other legal entity (i) owning 10 percent or more of the stock of applicant corporation issued and outstanding or (ii) subscribing to 10 percent or more of the authorized but unissued stock of the corporation.  
 (2) Identify by name and address all officers and directors of the corporation.

(c) Identify the state, district, territory, or possession under the laws of which the applicant is incorporated.

**PARTNERSHIP**

(d) Name and address of each individual or legal entity owning a partnership interest in the applicant.

(e) State the percent of ownership of the applicant partnership held by each of the individuals or legal entities listed in item d.

(f) Identify the state, district, territory, or possession under the laws of which the applicant partnership is organized.

**OTHER**

(g) Describe the nature of the applicant and identify the state, district, territory, or possession under the laws of which it is organized.

(h) State the total number of members or persons holding an ownership in the applicant, identify each by name and address, and indicate the ownership thereof.

**8. Certificate**

The applicant and any official executing this certificate on behalf of the applicant named in Item 1 certify that all information contained herein, including any supplements attached hereto, is true and correct.

\_\_\_\_\_  
**Applicant Named in Item 1**

Date: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
**Title of Certifying Official**